Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC' 5-2-15-3.

Date:	03/05/2010	Address;	250 S & 900 E
Case #:	<u>24F31259</u>		Pierceton, IN
County:	Kosciusko		
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (Residence Outbuilding Vehicle	eheck all that apply) Thotel/Motel Open No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Ephedrine/Psoudoephedrine Tracking L ☒ No ☐ Retail/Merchant Tip *If yes, tax report to Child Protective Services ☒ Other: This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: <u>Pierceton VFD</u> artment: <u>Kosciusko Co IID</u> etion Service: <u>N/A</u>	Fax: <u>574-2</u> Fax: <u>(574)</u> Fax:	269-2023
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Maggie Shortt Phone 574-234-4157			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.